PART B - FEE(S) TRANSMITTAL

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or Fax INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and or the current c Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 02/18/2005 26902 7590 DEPARTMENT OF THE AIR FORCE Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. AFMC LO/JAZ 2240 B ST., RM. 100 WRIGHT-PATTERSON AFB, OH 45433-7109 (Depositor's name) ROBERTSON /NNITA 04/25/2005 WABDELR3 00000008 010465 10828526 (Signature) 01 FC:1501 1400.00 DA 4/7/05 (Date ATTORNEY DOCKET NO. CONFIRMATION NO. FIRST NAMED INVENTOR APPLICATION NO. FILING DATE 10/828,526 04/08/2004 Harvey A. Schwertner AFD 490A 4313 TITLE OF INVENTION: BILIRUBIN TESTS AS RISK PREDICTORS FOR SYSTEMIC LUPUS ERYTHEMATOSUS AND PSORIATIC ARTHRITIS PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE ISSUE FEE APPLN. TYPE SMALL ENTITY \$1400 05/18/2005 nonprovisional NO **EXAMINER** ART UNIT CLASS-SUBCLASS WALLENHORST, MAUREEN 1743 436-097000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1_AFMCLO/JAZ (1) the names of up to 3 registered patent attorneys or agents GR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 2 Fredric L. Sinder (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE United States of America as repre-Wright-Patterson Air Force Base, OH sented by the Secretary of the Air 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: Issue Fee A check in the amount of the fee(s) is enclosed. ☐ Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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FREDRIC L. SINDER

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